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TO:	Examiner Pierre L. Desir		DATE:	December 21, 2006
	U.S. Patent and Trademark Office Group Art Unit 2617			
FROM	John P. Scherlacher		TIME:	
	Voice: (310) 785-4764 Fax: (310) 785-4600		•	
	jpscherlacher@hhlaw.com	25		
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MESSAGE:

RE: U.S. Patent Application Serial No. 09/603,184 filed June 26, 2000 Applicant: Hirohisa SUZUKI, et al.; For: NOISE CANCEL CIRCUIT

Attached is a copy of: 1). Amendment; 2). Letter of Transmittal, 3). IDS with I Reference, and 4). Request For Continued Examination (RCE) Transmittal.

John P. Scherlacher, Reg. No. 23,009Direct Phone No. (310) 785-4764

	FOR INTERNAL PURPOSES ONLY	
TELECOPY/FAX NUMBER:	(571) 273-8300	_
CLIENT NUMBER:	81784.0211	
ATTORNEY BILLING NUMBER:	71931	
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Patent 81784.0211

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re applica	tion of:
Hirohisa SU	ZUKI, et al.
Serial No:	09/603,184
Filed: June	26, 2000
For:	NOISE CANCEL CIRCUIT

Mail Stop RCE Commissioner for Patents

P. O. Box 1450

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Dear Sir.

Transmitted herewith is an amendment in the above-identified application.

An Information Disclosure Statement (IDS) with PTO 1449 Form including 1 reference are enclosed.

Request For Continued Examination (RCE) Transmittal.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Gol. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	12	-20	20		0	LG=\$50 SM=\$25	\$	٥	
INDEPENDENT CLAIMS FEE	1	-3	3	.**	0	LG=\$200 SM=\$100	\$	0	
	OF MULTIPLE DEPENDEN	IT CLAIM	\$		LAR SM/	GE ENTITY FEE = \$380 ALL ENTITY FEE = \$180	5	0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL SO SHEETS							\$	Q	
	····					TOTAL	. \$	D	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed. A check in the amount of \$_-0-_ to cover the extension fee is enclosed. A copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is

enclosed. Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims \boxtimes

Any patent application processing fees under 37 C.F.R. 1.17 X

Respectfully submitted,

HOGAN & HARTSON L.L.P.

1999 Avenue of the Stars, Suite 1400

Los Angeles, CA 90067 Telephone: 310.785-4600 Facsimile: 310.785-4601

Date: December 21, 2006

John P. Søherlacher Registration No. 23,009 Attorney for Applicant(s)